



Video DURASI (*Edukasi Cara Menyusui* or Education on How to Breastfeed) to Improve Breastfeeding Skills in Postpartum Mothers

Received : October 11, 2024

Revised : November 22, 2024

Accepted : November 27, 2024

Published : November 29, 2024

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Abstract:

This research aims to determine the effect of video *DURASI* on the breastfeeding skills of postpartum mothers. Kulon Progo ranks second and lowest in exclusive breastfeeding coverage in D.I. Yogyakarta and does not meet the WHO and the Ministry of Health targets. One of the causes found is the ineffective skills of postpartum mothers in breastfeeding. To find out the influence of Breastfeeding Education video media called *DURASI* (*Edukasi Cara Menyusui* or education on how to breastfeed) on the breastfeeding skills of postpartum mothers. This study is a quasi-experiment pre-test and post-test control group design with purposive sampling. The population in this study is postpartum mothers at Nyi Ageng Serang Hospital, Kulon Progo. Samples from 60 postpartum mothers were selected to be allocated into the experimental group (n1=30) and the control group (n2=30). The bound variable is the breastfeeding skills of postpartum mothers. The independent variable is breastfeeding education video media. Breastfeeding skills were measured by a checklist questionnaire. Breastfeeding skills between the two groups were tested with Mann-Whitney. The level of breastfeeding skills of postpartum mothers after being treated in the experimental group was 93.3% while the control group was 53.3%. There is an influence of video *DURASI* as breastfeeding education media on the breastfeeding skills of postpartum mothers. There were significant differences between the experimental group and the control group.

Keywords: Breastfeeding Mothers, Breastfeeding Skills, Educational Videos, Exclusive Breastfeeding

1. INTRODUCTION

In 2017 there was a Neonatal Mortality Rate of 15 per 1,000 live births, an Infant Mortality Rate of 24 per 1,000 live births, and a Toddler Mortality Rate of 32 per 1,000 live births. In 2019, of the 29,322 deaths of toddlers, 69% of them occurred in the neonatal period. Of all reported neonatal deaths, 80% occurred in the first six days of life. Meanwhile, 21% occur at the age of 29 days – 11 months and 10% occur at the age of 12 – 59 months (Kemenkes RI, 2019).

The key to a baby's health is through exclusive breastfeeding. International and national health authorities strongly recommend exclusive breastfeeding for at least the first six months of life: "Breastfeeding is one of the most effective ways to

ensure the health and survival of the child" – WHO (Vassilopoulou et al., 2021). The low proportion of exclusive breast milk will have an impact on the low immunity of the baby. Diarrhea and pneumonia are the main causes of infant and toddler mortality, which is more than 50% due to low nutritional intake in infants due to the non-implementation of exclusive breastfeeding (Erlani et al., 2020).

Exclusive breastfeeding becomes ineffective due to several factors. Factors that can affect exclusive breastfeeding include the level of education, support of health workers, family support, and maternal work (Fadliyyah, 2019). In addition to what has been mentioned, a factor that also has a big influence is inappropriate breastfeeding behavior. This makes the baby have difficulty breastfeeding and experiences incorrect attachment causing the nipple to blister, crack and even bleed, and the mother feels pain when breastfeeding. Because of this, many mothers decide to wean early in the first month of breastfeeding (Sari, 2017).

The support of health workers in terms of helping the breastfeeding process is reported to be low. The magnitude of the influence of health workers' support on breastfeeding skills, stimulates health workers, especially midwives, to be able to provide lactation

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management education services in their health facilities effectively. However, the coronavirus 2019 (COVID-19) pandemic has posed significant challenges to the provision of safe health services (Gordon et al., 2021). Breakthroughs in educational media through video media on how to breastfeed during the COVID-19 pandemic as a way to minimize cases of close contact between health workers and patients can be the most effective alternative.

The *DURASI* video is a video made by researchers to answer the above problems. *DURASI* stands for *Edukasi Cara Menyusui* or education on how to breastfeed. This educational media is audio-visual (video) based which contains direct demonstrations (people) of the correct way to breastfeed so that postpartum mothers are expected to be easy to apply and the videos can be repeated according to the needs of postpartum mothers.

2. MATERIAL AND METHOD

This type of research is quasy *experiment pretest-post test control group design*. This research was conducted at Nyi Ageng Serang Hospital, Kulon Progo. The population in this study is all postpartum mothers who gave birth at Nyi Ageng Serang Hospital from March to April 2022. The research subjects were 60 respondents, namely 30 people in the treatment group and 30 people in the control group. Sampling technique with *purposive sampling*. The inclusion criteria in this study include; mother and baby are joint inpatients, mother and baby make a second neonatal visit at the hospital, mother is willing to be a respondent in the study. Meanwhile, the exclusion criteria are mothers or babies who have health problems. The measuring tool used is the *Breastfeeding Observation Assistance Sheet checklist* from WHO/UNICEF.

3. RESULT AND DISCUSSION

The following is a table of frequency distribution characteristics of the respondents of this study:

Table 1. Characteristics of Postpartum Mothers

Characteristics	Frequency (f)	Percentage (%)	Sig.
Education Level			
Basis	9	15	0.867
Intermediate	41	68.3	
Tall	10	16.7	
Parity			
Primipara	25	41.6	0.615
Multipara	35	58.4	
Breast Problems			
No breast problems	47	78	0.539
There are breast problems	13	22	
Knowledge			
Good	18	30	0.109
Enough	37	61.7	
Less	5	8.3	
Total	60	100	

From the table above, it can be seen that most of the respondents have a Secondary Education Level with a percentage of 68.3%. The parity status of the most respondents is multipara status, with a percentage of 58.4%. Respondents in this study mostly had no breast problems and those who had breast problems amounted to 22%. The table above shows that the knowledge of postpartum mothers about breastfeeding skills is mostly in the Fair category with a percentage of 61.7%. In the homogeneity test in

both groups, a significance of > 0.05 was obtained, so it was concluded that the two groups were homogeneous.

The results of univariate analysis based on the level of breastfeeding skills of postpartum mothers can be seen in the following table:

Table 2. Frequency Distribution of Postpartum Mothers' Breastfeeding Skills at Nyi Ageng Serang Hospital

No	Treatment	Breastfeeding Skill Level	Group			
			Eksperimen		Control	
			Sum	%	Sum	%
1	Before	Good	6	20	9	30
		Enough	24	80	21	70
		Less	0	0	0	0
2	After	Good	28	93.3	16	53.3
		Enough	2	6.7	14	46.7
		Less	0	0	0	0

From the table above, it can be seen that the skill level of the respondents before the treatment was mostly sufficient in the control group and the experimental group. After being treated in the group, each group mostly had a good level of breastfeeding skills, but the two groups had a considerable difference, namely

in the control group 53.3% in the Good category, while in the experimental group which had a Good category of 93.3% of the respondents which means that almost all respondents in the experimental group had good breastfeeding skills.

Table 3. Differences in Breastfeeding Skill Levels in the Experimental Group and the Control Group After Being Given Treatment

Group	N	Mean Rank	Sum of Rank	Sig
Eksperimen	30	39.47	1184	<0,001
Control	30	21.53	646	

The results of the data normality test using the *Kolmogorov-Smirnov/Shapiro Wilk* test showed that not all significance > 0.05 , so it can be concluded that the data is not normally distributed. From the results of the *Mann-Whitney Test* in the table above the P value of <0.001 so that the hypothesis is accepted, it can be concluded that there is an influence of *DURASI* Video Media (Breastfeeding Education) on the Level of Breastfeeding Skills of Postpartum Mothers.

A. Postpartum Mother's Breastfeeding Skills Level

The level of lactation skills of postpartum mothers in the control group before the treatment which was categorized as Good was only 30.0%. After the treatment, the level of breastfeeding skills of postpartum mothers in the good category became 53.3%. Meanwhile, in the experimental group, before being given treatment, the level of breastfeeding skills of postpartum mothers was categorized as Good by 20.0%, but after being given treatment, the level of breastfeeding skills of postpartum mothers in the category of Good was 93.3%.

According to Kuswanti's research in 2017, after receiving health education, mothers' skills have increased, where previously the skills of mothers in the category were less as many as 45 people (79.0%) and after receiving health education in the sufficient

category as many as 33 people (57.9%). These results are in accordance with the purpose of health education, which is to improve health status and prevent the onset of disease, maintain existing health degrees, maximize the patient's function and role during illness, and help patients and families to overcome health problems.

According to Putri Saudia's research in 2019, the counseling and demonstrations provided are able to have the effect of increasing knowledge and skills in breastfeeding mothers, as well as producing better behavior so that breastfeeding mothers who will later experience problems in breast milk production are expected to be able to overcome the problem of smooth breastfeeding independently. Health education for breastfeeding can be provided in the prenatal (before childbirth) and postpartum (after childbirth) periods. Health education provided to mothers can be done in several ways, namely through practical demonstrations using dolls and videos, or by seeing how to breastfeed newborns correctly, through assistance or guidance from health professionals in the breastfeeding process is advanced health education for breastfeeding mothers (Saudia, 2019).

According to Alifariki's research in 2019, the results showed that from 32 respondents, an average increase in the attitude of breastfeeding mothers was obtained

by 65.19 after being given guidance on breastfeeding techniques, when compared to the average value before being given guidance, which was 56.92. The attitude of mothers after receiving guidance on breastfeeding techniques tends to change. This is evidenced by the percentage of positive attitudes of mothers increasing compared to before the guidance was carried out (Alifariki & Hajri, 2019).

Based on research conducted by Mardiatun in 2019, changes in maternal skills in breastfeeding after learning in the treatment group some respondents admitted to understanding faster because they were guided, taught and directly evaluated by the researcher so that the change in the respondents' abilities was very significant, while in the control group there was no change in their breastfeeding skills because some respondents admitted that they were still afraid to breastfeed her baby and think that her breast milk cannot come out. It can be concluded that with the existence of educational media, the role of midwives in breastfeeding assistance is still needed by postpartum mothers.

According to Sari in 2017, poor breastfeeding skills in mothers make babies have difficulty breastfeeding and experience incorrect adhesion so that it causes nipple blisters, cracks and even bleeding, and mothers feel pain when breastfeeding. Because of this, many mothers decide to wean early in the first month of breastfeeding (Sari, 2017).

One of the factors for the failure of the lactation process from the mother is the improper way of breastfeeding which can cause painful nipples/blisters and swollen breasts. Breastfeeding problems can be caused due to mispositioning and attachment of the baby. Breastfeeding technique is one of the factors that affect milk production.

B. Differences in Breastfeeding Skill Levels in the Experimental Group and the Control Group After Being Given Treatment

Based on the results of the study, it can be seen that there is an increase in breastfeeding skills of postpartum mothers in the experimental group between before and after treatment. Before the provision of *DURASI* Video Media (Breastfeeding Education), respondents with a level of breastfeeding skills in the good category of 20.0%, increased after the provision of *DURASI* Video Media (Breastfeeding Education) to 93.3%. The instrument used for the observation of breastfeeding skills includes 22 checklist points.

Breastfeeding is associated with improved infant survival and significant health benefits for both the baby and the mother. Mother's ignorance of the correct breastfeeding skills will have an impact on exclusive breastfeeding. Therefore, good educational media is needed so that mothers are able to breastfeed properly. This is supported by Rizqiea's research in 2019 which stated that there was an increase in knowledge after being given education using the media of booklet (Rizqiea, 2019).

Knowledge greatly influences a person's actions and attitudes. So that exposure to knowledge media to the target is urgently needed. One of the most effective educational media is using video media. Video media has ease of access and makes it easier for the audience to understand. Video media relies on all the sensory tools to be involved in receiving and processing information. Knowledge of breastfeeding skills can be provided through videos on the correct way to breastfeed. This result is in accordance with Batjo's research in 2021 which stated that breastfeeding skills education through video can increase the knowledge of pregnant women (Batjo et al., 2021).

The results of this study are also supported by the results of a 2018 Wallace study which showed that there was an increase in knowledge and confidence, and a preference to demonstrate clinically to mothers and babies after being given educational videos (Wallace et al., 2018).

The advantage of video media as education is that learning will provide a direct experience and make learning more enjoyable (Hamid et al., 2020), the message conveyed is packaged in an interesting way so that it will be easy for the audience to remember, there is no limit to distance and time, it can be repeated, the format can be presented in various forms and can be sent through any media (Maisyarah & Salman, 2021). This will greatly help medical workers and health facilities in health promotion efforts.

The use of video media in this study is very helpful for respondents in terms of access, in understanding how to breastfeed correctly, as well as how to overcome flat or sunken nipples. So that the video media of this research can help in improving the breastfeeding skills of respondents. Video can be used to encourage breastfeeding in an innovative and creative way and different issues related to breastfeeding (Dantas et al., 2022). Video can also be placed in an online version for easier access for the next research study. Online breastfeeding education offered in the postpartum period can help to increase

breastfeeding rates (Gökşen & Özkan, 2024). In the long term, video can increase the success of exclusive breastfeeding through improvement of knowledge and breastfeeding skills. The study from India found that the video combined with routine lactation counseling improved the knowledge regarding exclusive breastfeeding among postnatal primiparous mothers better than with routine lactation counseling alone (Adhisivam et al., 2017).

Researchers argue that education with the video method is very effective in increasing mothers' knowledge about the correct way to breastfeed, which will have an impact on their behavior and attitude in breastfeeding. This is expected to increase the coverage of exclusive breastfeeding in Indonesia. This method is also very interesting and helps respondents in understanding because video media involves all the respondents' senses. Respondents can also easily view it anywhere and anytime according to their needs. Most of the education of the respondents in this study is secondary education (High School). The amount of knowledge obtained by the respondents greatly affects the behavior and attitude in healthy living behavior.

4. CONCLUSION

The conclusion of this study is that the characteristics of postpartum mothers between the experimental group and the control group are homogeneous or comparable. There was an increase in breastfeeding skills of postpartum mothers in the experimental and control groups after being given treatment. There was a significant difference in the level of breastfeeding skills of postpartum mothers in the experimental group and the control group after being given DURASI Video Media (Breastfeeding Education).


5. ACKNOWLEDGMENTS

I would like to express my deepest gratitude to all parties who have contributed to the preparation of this article. Hopefully this article can contribute to the development of health science and medical services in the future.

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